
Experts Attending 2010 National Summit on HIV Warn of Need to Identify/Treat Americans with Undiagnosed HIV; Call for Accelerated HIV Testing

Video Tribute to Dr. C. Everett Koop

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WASHINGTON, DC (December 1, 2010) – As the nation observes World AIDS Day, the consensus reached by nearly 400 HIV/AIDS experts taking part in the just completed *2010 National Summit on HIV Diagnosis, Prevention and Access to Care* provides this stern warning to the country’s policymakers: unless more is done to identify and provide immediate care for the more than 200,000 Americans whose HIV is undiagnosed and the even more who are untreated, disparities in HIV care will only increase in the years ahead.

This assessment resulted from the three-day national summit, convened by the Forum for Collaborative HIV Research November 17-19, where HIV experts were given the most up-to-date picture of the HIV/AIDS epidemic in the United States. Concluding that many Americans with HIV remain largely invisible to the healthcare system and are less likely to have access to quality care at all points in the process -- from screenings and diagnosis to access to state-of-the-art therapies and ongoing treatment -- the summit attendees agreed that the immediate priorities for the public health community are to accelerate adoption of routine HIV testing and increase patients’ access to care – two strategies that will dramatically reduce HIV transmission and better support people living with HIV. Currently, one in every 300 Americans (1.1 million people) is infected with HIV and an additional 56,300 will become infected each year.

“If there was ever a time when we can change the course of HIV in this country, it is now,” said Veronica Miller, Ph.D., Director of the Forum. “HIV testing is a crucial step in reducing HIV infections and getting newly infected people into care quickly when treatment will significantly improve their health outcomes. Elevating the need for routine HIV testing must become a new imperative to which we devote the resources of our communities and our nation.”

Providing the call-to-action for the public health community, the national HIV summit

featured a closing plenary session on November 19 where Jeff Crowley, Director of the White House Office of National AIDS Policy; Dr. Howard Koh, Assistant Secretary for Health (HHS); and Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases (NIAID), laid out the immediate priorities for implementing the National HIV/AIDS Strategy for the United States – the first strategic plan for reducing HIV/AIDS strategy in the country. Because a major goal of the new HIV/AIDS strategy is to increase to 90 percent the number of HIV-positive Americans who know they are infected by 2015, the White House supports universal HIV testing as a routine part of medical care both to increase life expectancy and to reduce transmission of the virus.

Explaining why HIV testing of all Americans is so important to control the nation's epidemic of HIV, Dr. Fauci noted that although medical science is producing significant discoveries about HIV and major breakthroughs in treatment, patients who remain undiagnosed often don't enter the healthcare system until they have late-stage disease when treatment outcomes are poor. However, if these individuals are identified early and started on some of the new HIV treatments, Dr. Fauci reported that their life expectancy is virtually the same as for the rest of the population – on average, only eight months lower.

Current/Former Surgeons General Provide the Context

While the Obama Administration leaders presented a compelling case for accelerating adoption of universal HIV testing, it was the new Surgeon General – Dr. Regina Benjamin – who put a human face on this important issue. With tears in her eyes, she told the summit participants about the death of her brother from AIDS, despite the significant breakthroughs in HIV treatments and testing technologies that she described as “one of the best success stories in modern medicine.” Introduced to the assembled public health leaders by former Surgeon General C. Everett Koop, whom the summit honored with the first *C. Everett Koop HIV/AIDS Public Health Leadership Award* on November 18, Dr. Benjamin pledged to add her voice to the national dialogue on HIV/AIDS by focusing attention on the needs of those Americans with HIV who are falling through the cracks of the healthcare system.

"My hope is to be America's doctor, America's family physician," Dr. Benjamin said. "I want to ensure that no one, no one, falls through the cracks as we improve our health care system."

Echoing the need for universal HIV testing, former Surgeon General C. Everett Koop focused on the dual challenges of stigma and complacency, which remain significant obstacles to getting more people with HIV tested and linked into care. Giving what may be his last major address on HIV/AIDS at the summit on November 18, Dr. Koop -- who charted the nation's policies on HIV/AIDS following the first deaths from AIDS in 1981 -- urged public health leaders to be aggressive in confronting these challenges, which he

called as dangerous today as the irrational fear in the first days of the AIDS epidemic. Recalling the federal court battle to allow three young hemophiliac brothers who were diagnosed with HIV in 1986 to attend school in Arcadia, Florida, Dr. Koop described how the family's home was burned a week after the parents were successful in their legal battle, forcing the family to leave the community. He also reminded the assembly of the irrational actions of political leaders, whose attempts to quarantine AIDS patients in San Francisco and New York City he was able to squelch.

Making an urgent plea for a new national dialogue on HIV/AIDS so Americans will know how to protect themselves from becoming infected and how to get care if they are, Dr. Koop said: "The most important lesson from the past 30 years is that the nation must remain continuously aware and knowledgeable about HIV/AIDS. The public health community must remain vigilant in its prevention and early detection efforts."

The Dual Face of the HIV Epidemic

The need to mobilize the public health community around HIV prevention and early detection is especially warranted now that HIV infections among gay and bisexual men are on the rise and HIV has become a significant minority health problem. Presenting an update on the state of HIV/AIDS in the U.S., Dr. Kevin Fenton, Director of the Center for Disease Control and Prevention's (CDC) National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), reported that men who have sex with men (MSM) represent 53 percent of all new infections and are being diagnosed at rates 44 times greater than other men and 40 times higher than in women.

At the same time, CDC reports more new HIV infections occurring in African Americans than in any other group. In fact, African Americans now account for almost half of the U.S. population living with HIV (46 percent) and nearly half (45 percent) of the new infections each year. However, new data presented at the summit find that transmission often occurs in African Americans without high risk behavior due to the higher prevalence of HIV in this patient population. Other presentations pointed out that attacking the epidemic in African Americans is particularly difficult because of racial disparities in routine medical care and the pervasive stigma in their communities.

Overcoming the Barriers to Universal HIV Testing

Although the summit charted significant progress in implementing the 2006 recommendations from the federal Centers for Disease Control and Prevention (CDC) that all Americans aged 13 to 64 years be tested for HIV when they receive care in hospital emergency rooms, clinics and other health care settings, the meeting focused on further eliminating the systemic barriers that are impeding adoption of universal HIV.

Focusing on current reimbursement policies that are linked to coverage recommendations

from the U.S. Preventive Services Task Force (USPSTF), summit leaders called on the USPSTF -- an independent panel of private sector experts that determines which preventive services should be incorporated into primary medical care -- to reconsider its current position on HIV testing. Although other routine screening tests, such as for cholesterol and triglyceride levels, rate an A or B grade and are recommended for coverage, USPSTF currently assigns HIV testing a C grade -- defined as "offer or provide this service only if other considerations support the offering or providing the service in an individual patient" -- notwithstanding contrary CDC recommendations. As a result of the current USPSTF rating, Medicare limits coverage for HIV testing, despite analyses that HIV screenings save \$50,000 to \$64,000 per quality adjusted life year.

Approaching this quandary from a different angle, John Bartlett, MD, Professor of Medicine and Chief of the Johns Hopkins AIDS Service at the Johns Hopkins University School of Medicine, called on the Centers for Medicare and Medicaid Services (CMS) to issue a performance indicator for hospital evaluations that would require HIV testing at hospital admission and for emergency department visits, which he said would immediately overcome institutional resistance to HIV testing. Reacting to this new concept, Office of National AIDS Policy Director Jeff Crowley responded that "The performance indicator idea is an interesting one" and "is a really good suggestion that we need collectively to work on to try to move forward."

At the same time, public health leaders attending the summit called for implementing statewide policies and professional practice guidelines designed to increase HIV testing in all healthcare settings. For example, the American College of Obstetricians and Gynecologists has implemented new policies for practicing physicians that advocate for universal HIV testing in each healthcare encounter. Another example cited is the State of Texas, which implemented routine testing in hospital emergency departments operating in high prevalence areas for HIV. According to a new study presented at the summit, when all hospitals in Harris County (includes the Houston-Sugar Land-Baytown metropolitan area) began testing more than 78,000 people for HIV, the institutions identified an additional 493 people who did not know they were HIV positive. This means more newly diagnosed patients in Texas are started on HIV therapy at an early stage when treatment is most effective.

Reinforcing these new developments, researchers at the summit presented new data on the costs and benefits of routine testing in different healthcare settings. Among the 122 scientific abstracts presented at the conference were these new findings:

- According to new data presented by Dr. Bernard Branson of the CDC, using highly reliable and inexpensive new rapid oral HIV tests in hospital emergency rooms and clinics requires little additional effort -- in many cases, using these new tests is as

- simple as checking a box on the order sheet.
- An analysis of the costs and ease of testing conducted by Dr. Rochelle Walensky at Harvard University demonstrated that routine HIV testing is cost-effective in large institutional settings.
 - New data from Dr. Charlotte Gaydos from Johns Hopkins University on the acceptability of self-testing using oral rapid HIV screens for patients waiting in hospital emergency rooms showed that 96.5% of the patients studied were receptive to self-testing and the test results were as reliable as those performed by medical staff.
 - A new study by Michelle Del Toro found that when HIV testing was included as a reminder in the Electronic Medical Records of the MetroHealth System in Cleveland, this action significantly increased testing frequency. Ms. Del Toro noted that while this strategy can be used to remind physicians about health maintenance requirements, she encountered institution-wide resistance to including HIV testing in the EMR system, including from the risk management department. Thus, she addressed the need to get buy-in from hospital administrators to ensure compliance.
 - Data presented by Drs. Yvette Calderon of Albert Einstein Medical Center and Silvia Amesty from the Columbia School of Medicine and a research fellow at the New York Academy of Medicine showed that using point-of-care HIV testing in pharmacies that operate mini-clinics increases testing penetration, especially in high-risk lower socioeconomic areas where medical services are harder to find.

About the *National Summit on HIV Diagnosis, Prevention and Access to Care*

The third such biennial HIV summit to address emerging issues in the prevention, treatment and care of people with HIV/AIDS, the *2010 National Summit on HIV Diagnosis, Prevention and Access to Care* was convened by the Forum for Collaborative HIV Research to draw the roadmap for achieving routine HIV testing of all Americans ages 13-64 – considered the single most important strategy for reducing the spread of HIV. Widely attended by researchers, providers, advocates and policy makers, the national HIV summit is one of the largest meetings to address the emerging issues in the prevention, treatment and linkage to care of people with HIV/AIDS. The 2010 meeting was held November 17-19, 2010 at the National Harbor in Maryland.

About the Forum for Collaborative HIV Research

Now part of the University of California (UC), Berkeley School of Public Health and based in Washington, DC, the Forum was founded in 1997 as the outgrowth of a White House initiative which called for an ongoing collaboration among stakeholders to address emerging issues in HIV/AIDS and set the research strategy. Representing government, industry, patient advocates, healthcare providers, foundations and academia, the Forum is a

public/private partnership that is guided by an Executive Committee that sets the research agenda. The Forum organizes roundtables and issues reports on a range of global HIV/AIDS issues, including treatment-related toxicities, immune-based therapies, health services research, co-infections, prevention, and the transference of research results into care. Forum recommendations have changed how clinical trials are conducted, accelerated the delivery of new classes of drugs, heightened awareness of TB/HIV co-infection, and helped to spur national momentum toward universal testing for HIV.

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